

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Family Planning Clinics
Managed Care Plans

Memorandum No: 04-37 MAA
Issued: June 23, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
1-800-562-6188

Supersedes: 03-38 MAA, 03-98 MAA

Subject: Family Planning Services and Family Planning Only Program: Fee Schedule Changes

Effective for dates of service on and after July 1, 2004, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee schedule Data Base (MPFSDB) Year 2004 relative value units (RVUs);
- The updated Medicare Clinical Laboratory Fee Schedule (MCLFS);
- The updated Medicare Single Drug Pricer (SDP);
- The Year 2004 additions of Current Procedural Terminology (CPT™) codes; and
- Changes to Healthcare Common Procedure Coding System (HCPCS) Level II codes.

Maximum Allowable Fees

Effective for dates of service on and after July 1, 2004, MAA is updating the fee schedule with Year 2004 RVUs, clinical laboratory fees, and drug pricing. The maximum allowable fees have been adjusted to reflect these changes. The 2004 Washington State Legislature **did not appropriate a vendor rate increase** for the 2005 state fiscal year.

New Diagnosis Code

A new ICD-9-CM diagnosis code is added for emergency contraception counseling.

ICD-9-CM Diagnosis Code	Brief Description
V25.03	Emergency contraception counseling

Coverage Changes

MAA will no longer reimburse providers for the following codes:

Procedure Code	Brief Description	Reason
S4989	Intrauterine device (non-copper) (Progestasert)	Product no longer available.
A4260	Levonorgestrel (Norplant) implant system, including implant and supplies.	Product no longer available.
11975	Insert contraceptive capsule	Code no longer needed.
11977	Removal/insert contra capsule	Code no longer needed.

Injectable Drug Maximum Allowable Fee Changes

MAA sets the maximum allowable fees for most drugs and biologicals using Medicare's Single Drug Pricer (SDP). MAA's maximum allowable fee is 86% of Medicare's Average Wholesale Price (AWP) for the drug or Medicare's fee, whichever is lower. If a price is not available from the SDP, MAA sets a fee for the drug using MAA's pharmacy Point-of-Sale (POS) system to determine the AWP. MAA's maximum allowable fee is then equal to 86% of the POS AWP.

MAA updates its injectable drug pricing each time Medicare releases an update of the SDP, up to once per quarter. These updates are posted to MAA's website at <http://maa.dshs.wa.gov> (click on Provider Publications/Fee Schedules, then Fee Schedules). Only those drugs with price changes will be posted quarterly. All other drugs remain at MAA's last published price.

Billing for Emergency Contraception

Providers must bill MAA for emergency contraception using **J3490 with modifier FP**. J3490 with modifier FP is for use when billing emergency contraception **only**. **DO NOT** attach modifier FP to J3490 when billing for any other contraceptive or other drug.

Seasonale

Providers must bill MAA for Seasonale **using S4993** using (3) units. Seasonale only comes packaged in a 3-month supply, so providers must bill using three units in order to receive the proper reimbursement amount.

Contraceptive Price Updates

MAA has updated the maximum allowable fee for the following contraceptives:

Procedure Code	Brief Description	July 1, 2004 Maximum Allowable Fee	
		NFS	FS
J7300	Intrauterine Copper device (Paragard)	\$336.26	\$336.26
J7302	Levonorgestrel-releasing IUD (Mirena)	405.81	405.81
J7303	NuvaRing contraceptive ring, each	28.00	28.00

*NFS = non-facility setting; FS = facility setting

Documentation Requirements for Unlisted Drug Codes

Claims billed with HCPCS unlisted drug code J3490 must include the NDC and drug quantity given to the client in field 19 of the hard copy HCFA-1500 claim form or the *Comments* section of the electronic HCFA-1500.

Attached are replacement pages E.1 - E.8 for MAA's Family Planning Services and Family Planning Only Program Billing Instructions, dated July 2003. To obtain MAA's numbered memoranda and billing instructions electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Fee Schedule

OFFICE VISITS

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
99201	Office/outpatient visit, new	\$24.25	\$15.75
99202	Office/outpatient visit, new	43.25	31.25
99203	Office/outpatient visit, new	64.25	47.75
99204	Office/outpatient visit, new	90.75	70.50
99205	Office/outpatient visit, new	115.25	93.75
99211	Office/outpatient visit, est	14.25	6.00
99212	Office/outpatient visit, est	25.25	15.75
99213	Office/outpatient visit, est	35.25	23.25
99214	Office/outpatient visit, est	55.00	38.75
99215	Office/outpatient visit, est	79.95	62.25

PRESCRIPTION BIRTH CONTROL METHODS

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
Oral Contraceptives			
S4993	Contraceptive pills for birth control. [1 unit = each 30-day supply] (Seasonale should be billed as 3 units.)	\$17.00	\$17.00
J3490 FP*	Unclassified Drugs (Use for Emergency Contraception only.)	Acquisition Cost	Acquisition Cost
Cervical Cap/Diaphragm			
A4261	Cervical cap for contraceptive use	47.00	47.00
A4266	Diaphragm	45.00	45.00
57170	Fitting of diaphragm/cap	56.90	30.38

*Claims billed with unlisted drug code J3490 and J3490-FP must include the NDC and drug quantity given to the client in field 19 of the hard copy HCFA-1500 claim form or the *Comments* section of the electronic HCFA-1500 claim form.

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**Family Planning Services and
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Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
Implant			
A4260	Levonorgestrel (Norplant) implant system, including implant and supplies. One allowed in a 5-year period. No longer available.	\$172.29	\$172.29
11975	Insert contraceptive capsule	93.67	93.67
11976	Removal of contraceptive capsule	119.95	119.95
11977	Removal/insert contra capsule	213.62	213.62
Injectables			
J1055	Medroxyprogesterone acetate inj (Depo-Provera). Allowed once every 67 days.	52.98	52.98
90782	Injection, subcutaneous/intramuscular May be billed when the contraceptive injection is the only service performed.	11.34	11.34
Intrauterine Devices (IUD)			
J7300	Intrauterine copper device (Paragard)	336.26	336.26
J7302	Levonorgestrel-releasing IUD (Mirena)	405.81	405.81
S4989	Intrauterine device (non-copper) (Progestasert) Discontinued.	112.39	112.39
58300	Insertion of IUD	57.58	33.78
58301	Removal of IUD	62.34	42.85
Miscellaneous Contraceptives			
J3490*	Unclassified Drugs (Use for Ortho-Evra contraceptive patch, each)	Acquisition Cost	Acquisition Cost
J7303	NuvaRing contraceptive ring, each	28.00	28.00

*Claims billed with unlisted drug code J3490 and J3490-FP must include the NDC and drug quantity given to the client in field 19 of the hard copy HCFA-1500 claim form or the *Comments* section of the electronic HCFA-1500 claim form.



Note: DO NOT attach modifier FP to J3490 when billing for any contraceptive or drug **other than** Emergency Contraception.

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NON-PRESCRIPTION OVER-THE-COUNTER (OTC) BIRTH CONTROL METHODS

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee
A4267	Male Condom, each	Acquisition Cost
A4268	Female Condom, each	Acquisition Cost
A4269	Spermicide (e.g. foam, gel), each	Acquisition Cost
<i>OTC products listed may not be available for billing MAA due to federal approval status.</i>		

HIV COUNSELING

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
99401	Preventive Counseling, indiv; approx 15 min (use for risk reduction intervention for HIV/AIDS clients)	\$25.39	\$15.42
Must include dx V65.44			

STERILIZATION PROCEDURES

A properly completed Sterilization Consent Form must be attached to any claim submitted with one of the following procedure codes:

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
55250	Removal of sperm duct(s)	\$287.23	\$143.05
55450	Ligation of sperm duct	263.88	141.46
58600	Division of fallopian tube	212.64	212.64
58615*	Occlude fallopian tube(s)	159.37	159.37
58670	Laparoscopy, tubal cautery	214.23	214.23
58671*	Laparoscopy, tubal block	214.91	214.91

* MAA reimburses for external occlusive devices **only** such as band, clip, or Fallop ring. MAA does not reimburse for occlusive devices introduced into the Lumen of the fallopian tubes.



Note: Sterilization procedures are limited to ICD-9-CM diagnosis code V25.2.

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MISCELLANEOUS SURGICAL PROCEDURES

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
17110	Destruct lesion, 1-14	\$33.05	\$26.98
54050	Destruction, penis lesion(s)	68.46	53.73
54056	Cryosurgery, penis lesion(s)	86.37	60.30
54060	Excision of penis lesion(s)	135.34	79.57
56501	Destroy vulva lesions, simple	79.12	66.65
57061	Destroy vaginal lesions, simple	63.97	56.90

RADIOLOGY SERVICES

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
76830	Us exam, transvaginal	\$58.26	\$58.26
76830-26	Professional Component	21.76	21.76
76830-TC	Technical Component	36.73	36.73
76856	Us exam, pelvic, complete	58.26	58.26
76856-26	Professional Component	21.76	21.76
76856-TC	Technical Component	36.73	36.73
76857	Us exam, pelvic, limited	48.97	48.97
76857-26	Professional Component	12.02	12.02
76857-TC	Technical Component	37.18	37.18

LABORATORY SERVICES

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
G0101	CA screen; pelvic/breast exam	\$22.22	\$14.28
Q0111	Wet mounts/ w preparations	4.75	4.75
Q0112	Potassium hydroxide preps	4.75	4.75
36415	Drawing blood venous	2.45	2.45
36416	Drawing blood capillary	2.45	2.45
81000	Urinalysis, nonauto w/scope	3.53	3.53
81001	Urinalysis, auto w/scope	3.53	3.53
81002	Urinalysis nonauto w/o scope	2.85	2.85

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Procedure Code	Brief Description	7/1/04	
		Maximum Allowable Fee NFS	FS
81003	Urinalysis, auto, w/o scope	\$2.50	\$2.50
81005	Urinalysis	2.41	2.41
81007	Urine screen for bacteria	2.86	2.86
81015	Microscopic exam of urine	3.38	3.38
81025	Urine pregnancy test	4.18	4.18
82465	Assay, bld/serum cholesterol	4.85	4.85
82947	Assay, glucose, blood quant	4.37	4.37
82948	Reagent strip/blood glucose	3.53	3.53
84702	Chorionic gonadotropin test	16.76	16.76
84703	Chorionic gonadotropin assay	8.36	8.36
85004	Automated diff wbc count	7.20	7.20
85007	Differential WBC count	3.83	3.83
85013	Hematocrit	2.64	2.64
85014	Hematocrit	2.64	2.64
85018	Hemoglobin	2.64	2.64
85025	Automated hemogram	8.66	8.66
85027	Automated hemogram	7.20	7.20
86255	Fluorescent antibody, screen	13.42	13.42
86255-26	Professional Component	12.47	12.47
86592	Blood serology, qualitative	4.75	4.75
86593	Blood serology, quantitative	4.91	4.91
86631	Chlamydia antibody	13.17	13.17
86632	Chlamydia igm antibody	14.14	14.14
86689	HTLV/HIV confirmatory test	27.05	27.05
86692	Hepatitis, delta agent	19.11	19.11
86701	HIV-1	9.89	9.89
86703	HIV-1/HIV-2, single assay	15.28	15.28
86706	Hep b surface antibody	11.96	11.96
86781	Treponema pallidum, confirm	14.74	14.74
87070	Culture, bacteria, other	9.59	9.59
87076	Culture anaerobe ident, each	9.00	9.00
87081	Culture screen only	7.38	7.38
87084	Culture of specimen by kit	9.59	9.59
87086	Urine culture/colony count	8.99	8.99
87088	Urine bacteria culture	7.15	7.15
87110	Chlamydia culture	21.81	21.81
87140	Cultur type immunofluoresc	6.21	6.21
87147	Culture type, immunologic	5.76	5.76
87164	Dark field examination	11.96	11.96

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Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
87164-26	Professional Component	\$11.34	\$11.34
87184	Microbe susceptible, disk	7.68	7.68
87186	Microbe susceptible, mic	9.63	9.63
87205	Smear, gram stain	4.75	4.75
87206	Smear, fluorescent/acid stai	5.98	5.98
87207	Smear, special stain	6.67	6.67
87207-26	Professional Component	12.47	12.47
87210	Smear, wet mount, saline/ink	4.75	4.75
87250	Virus inoculate, eggs/animal	21.34	21.34
87252	Virus inoculation, tissue	29.03	29.03
87253	Virus inoculate tissue, addl	22.49	22.49
87274	Herpes simplex 1, ag, if	13.36	13.36
87285	Treponema pallidum, ag, if	13.36	13.36
87340	Hepatitis b surface ag, eia	11.50	11.50
87490	Chylmd trach, dna, dir probe	22.33	22.33
87491	Chylmd trach, dna, amp probe	39.08	39.08
87534	Hiv-1, dna, dir probe	22.33	22.33
87535	Hiv-1, dna, amp probe	39.08	39.08
87536	Hiv-1, dna, quant	94.76	94.76
87537	Hiv-2, dna, dir probe	22.33	22.33
87538	Hiv-2, dna, amp probe	39.08	39.08
87539	Hiv-2, dna, quant	47.70	47.70
87590	N.gonorrhoeae, dna, dir prob	22.33	22.33
87591	N.gonorrhoeae, dna, amp prob	39.08	39.08
87621	Hpv, dna, amp probe	39.08	39.08
87810	Chylmd trach assay w/optic	13.36	13.36
88141	Cytopath, c/v, interpret	13.83	13.83
88142	Cytopath, c/v, thin layer	28.31	28.31
88143	Cytopath, c/v, thin lyr redo	28.31	28.31
88147	Cytopath, c/v, automated	15.90	15.90
88148	Cytopath, c/v, auto rescreen	21.23	21.23
88150	Cytopath, c/v, manual	14.76	14.76
88152	Cytopath, c/v, auto redo	14.76	14.76
88153	Cytopath, c/v, redo	14.76	14.76
88154	Cytopath, c/v, select	14.76	14.76
88161	Cytopath smear, other source	32.19	32.19
88161-26	Professional Component	16.78	16.78
88161-TC	Technical Component	15.42	15.42
88164	Cytopath tbs, c/v, manual	14.76	14.76

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Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
88165	Cytopath tbs, c/v, redo	\$14.76	\$14.76
88166	Cytopath tbs, c/v, auto redo	14.76	14.76
88167	Cytopath tbs, c/v, select	14.76	14.76
88174	Cytopath, c/v auto, in fluid	29.53	29.53
88175	Cytopath, c/v auto fluid redo	36.61	36.61
88302	Tissue exam by pathologist, level II	19.27	19.27
88302-26	Professional Component	4.53	4.53
88302-TC	Technical Component	14.74	14.74

INJECTABLE DRUGS AND INJECTION FEE

(These drugs are given in the family planning clinic. These are not take-home drugs or drugs obtained by prescription through a pharmacy.)

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
90788	Injection of antibiotic	\$10.20	\$10.20
J0456	Azithromycin inj, 500 mg	22.72	22.72
J0580	Penicillin g benzathine inj	35.39	35.39
J0690	Cefazolin sodium inj, 500 mg	2.01	2.01
J0694	Cefoxitin sodium inj, 1 g	9.56	9.56
J0696	Ceftriaxone sodium inj, 250 mg	13.35	13.35
J0697	Sterile cefuroxime inj, 750 mg	5.75	5.75
J0698	Cefotaxime sodium inj, per gram	8.51	8.51
J0710	Cephapirin sodium inj, up to 1 g	1.46	1.46
J1200	Diphenhydramine hcl inj, up to 50 mg	1.43	1.43
J1890	Cephalothin sodium inj, up to 1 g	9.18	9.18
J2460	Oxytetracycline inj, up to 50 mg	0.91	0.91
J2510	Penicillin g procaine inj, to 600,000 u	8.59	8.59
J2540	Penicillin g potassium inj, to 600,000 u	0.26	0.26
J3320	Spectinomycin di-hcl inj, up to 2 g	25.30	25.30
Q0144	Azithromycin dihydrate, oral, 1 g	Acquisition Cost	Acquisition Cost

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